PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885

or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further coindicated unless corrected maintenance fee notification	below or directed otherwise ns.	in Block 1, by (a	ders and nou) specifying	a new correspondence a	address; an	d/or (b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 000293 7590 12/15/2005				Fee(s) Transmi papers. Each ac	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Ralph A. Dowell 2111 Eisenhower A Suite 406 Alexandria, VA 22		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
							(Depositor's name)	
						-	(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/797,607	10/797,607 03/11/2004		Andreas Man			14641	3874	
	IETHOD OF PHOTOCARR							
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FE	EE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional YES		\$700		\$300		\$1000	03/15/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	s			
GABOR, OTILIA		2884		250-341100				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Lynn C. Schumacher HILL & SCHUMACHER					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)		<u>-</u>		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion	of this form is NO?	Γ a substitute	for filing an assignment	t.			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Andreas Mandelis				•		•	308.09 OP I 2V30.©amada 18.09 OP	
lease check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	atent): 🔻 Individual	13 🗂 👸	l oration or other private gr	oup entity Government	
a. The following fee(s) are	. Payment of							
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies 6				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1577 (enclose an extra copy of this form).				
Change in Entity Status (from status indicated above) DEFICIEN								
	MALL ENTITY status. See					ENTITY status. See 37 C		
The Director of the USPTO NOTE: The Issue Fee and P Interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	ie Fee and Publicat will not be accepted ent and Trademark	tion Fee (if and I from anyone Office.	y) or to re-apply any prescription or to re-apply any prescription or to re-applican	reviously p it; a registe	aid issue fee to the applicated attorney or agent; or the	ation identified above. he assignee or other party in	
Authorized Signature	1 horse	7		Date	3	/15/06		
Typed or printed name Ralph /A. Dowe			11	1 Registration No. 26868				
his collection of information	on is required by 37 CFR 1.3	11. The informatio	n is required	to obtain or retain a bend	efit by the	public which is to file (an	d by the USPTO to process)	

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.